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CONFIRMATION NO. 1030

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|------------------------|
| 08/393,066 | | 514 | 1632 | PENN-0065 |

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 08/020,177 02/22/1993 ABN
 which is a CON of 07/676,894 03/28/1991 ABN

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
 06/20/1995

| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | PA | 3 | 9 | 2 |
| Verified and Acknowledged | /DEBORAH CROUCH/ Examiner's Signature | Initials | | | | |

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TITLE

METHOD OF DELIVERING GENES TO THE CENTRAL NERVOUS SYSTEM OF A MAMMAL

| | | |
|----------------------------|---|---|
| FILING FEE RECEIVED 430 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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